



NORTHEAST PLASTIC SURGERY
CENTER

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DIEP Flap

Post-operative Instructions

- ▶ Your post-operative appointment is scheduled for _____.
- ▶ Do not remove any remaining dressings upon discharge from the hospital, as they will be addressed at your first post-operative visit. Please keep your abdominal binder in place at all times. The abdominal binder will be worn for 4 to 6 weeks. If you choose to purchase a second abdominal binder, we can assist you in obtaining the appropriate one.
- ▶ You have been provided with a surgical bra postoperatively to wear for support. Please utilize this garment at all times unless instructed otherwise. Remove twice daily to assess for skin changes.
- ▶ Keep your dressings dry. Sponge bathe only until further instructed. Usually, you may shower 48 hours after final drain removal.
- ▶ Empty your drains every 12 hours and record the measurements for each drain, separately and labeled by location and side, on your chart. Please bring the chart with you to your office visits. The amounts that are draining from each drain will determine when each drain may be removed. The drains are usually removed within 1-2 weeks, but a number of factors can influence the duration. Once each drain is removed, you should keep a dry gauze dressing for 48 hours over the former sites on the skin to prevent drainage onto your clothing but then may discontinue the drain dressings altogether after those 48 hours.
- ▶ After your first post-operative visit, you may be asked to apply a thin layer of Bacitracin ointment 1-2 times daily to your belly button and cover it with a Telfa Gauze nonadherent dressing for 1-2 weeks. Only do so if instructed.
- ▶ If a liquid skin adhesive (glue) was used along your incisions, it may take several weeks to dissolve. Do not apply ointments such as Bacitracin directly over the glued area unless instructed, as this may prematurely dissolve this dressing. Occasionally, we will alternatively utilize a liquid skin adhesive in conjunction with a mesh dressing for your incisions which will be removed after 2 weeks.

- ▶ You have received prescriptions for _____ as an antibiotic and _____ for pain relief. You should take acetaminophen (i.e. Tylenol) 975 mg every 6 hours, and a muscle relaxant (typically cyclobenzaprine (i.e. Flexeril) or Valium) as needed. Postoperative pain management thus includes other modalities that are non-narcotic based to minimize reliance on such medications. You may augment any discomfort with the narcotic medication prescribed on an as needed basis. You may stop taking your antibiotic after the final drain has been removed. Please take Colace as a stool softener to limit abdominal straining and constipation.
- ▶ Please take aspirin 81 mg daily beginning the day of discharge and continuing for 1 month following your surgery.
- ▶ Avoid the following additional anti-platelet agents until further discussed at your first post-operative appointment, including, but not limited, to: Aleve, Naprosyn, Celebrex, Toradol, fish oil, herbals, and supplements including those containing Vitamin E, as they result in a higher risk of bleeding.
- ▶ If you are taking the following blood thinners or anti-platelet agents, you should have already obtained instructions pre-operatively when they may resume, but please discuss with your surgical team: Coumadin (warfarin), Lovenox, Plavix, Pletal, Effient, Aggrenox, Pradaxa, Savaysa, Xerelto, Eliquis, or Brilinta.
- ▶ Do not consume alcohol while you are taking any medications following surgery, especially pain medications, muscle relaxants, anti-anxiety medications, sleeping pills, or other sedatives.
- ▶ Unless otherwise indicated, you may resume your pre-operative diet as tolerated.
- ▶ Restrictions are as follows:
 - ▶ Contact us immediately if you notice any of the following: change in color of the breast flap or abdomen, firmness at the breast flap, increased size of the breast flap, increased pain, bleeding, blistering, redness, drainage from the incisions, and/or sudden increase in drain output.
 - ▶ Lay down in a semi-flexed position for at least 1-2 weeks. Do not lay on your sides for 6 weeks.
 - ▶ You will be walking prior to discharge from the hospital, but you must walk in a semi-flexed position for at least 1-2 weeks, and then gradually stand more erect as tolerated.
 - ▶ Avoid all spinal twisting for 2 weeks, then you may gradually increase movements towards each side.
 - ▶ No driving for at least 3 weeks. You will be restricted from driving until all narcotic medications have been stopped.
 - ▶ No heavy lifting (> 5 lbs) for 6 weeks.
 - ▶ Avoid vigorous running, jumping, pulling, and pushing for 8 weeks.
 - ▶ Avoid hot or cold packs against your skin, as skin changes may occur because of sensory changes.

- ▶ Because of the nature of your procedure, you may be at unintended risk of taking shallow breaths to limit your post-operative discomfort. However, shallow breathing can result fevers related to underuse of the lungs, and even pneumonia. Please make sure to utilize an incentive spirometer to ensure deep, active breaths to prevent these issues.
- ▶ We recommend that you utilize sequential compression devices (SCDs) to limit the risk of deep vein thrombosis from being not as ambulatory as you were preoperatively in the early recovery phase. One example is the CINCOM Compression Foot and Leg Massager 018A through Amazon.
- ▶ Please refrain from nicotine containing products for at least 6 weeks following your surgery. Nicotine reduces circulation and can therefore result in wound healing impairment.
- ▶ Every patient and procedure is unique. However, please alert us if you observe any of the following and are concerned:
 - ▷ temperature $\geq 101.4^{\circ}\text{F}$
 - ▷ increased redness at the surgical site or adjacent site(s)
 - ▷ worsening bruising at the surgical or adjacent site(s)
 - ▷ blisters at the surgical site(s)
 - ▷ increased swelling or size leading to significant and sudden asymmetry
 - ▷ unremitting or increasing pain at the surgical site(s)
 - ▷ significant drainage at the surgical site
- ▶ There are a number of different modalities that can limit scar formation post-operatively. Starting 2 weeks post-operatively, we may recommend that you utilize silicone sheeting. This therapy may be purchased online or in many pharmacies, over the counter. Silicone sheets should be applied overlying the healing scar for at least 12 hours daily, and ideally closer to 24 hours daily, with gentle cleansing of the scar performed once daily. An individual sheet may be re-used multiple times, with the average lifespan being 7-10 days. Alternatively, you may choose to utilize any number of silicone scar reduction gels, such as Mederma®, and massage in a thin coat twice daily to the scar for 2-3 months. We recommend silicone gel with the added embedded SPF component.
- ▶ Please note that our surgical partners will schedule a separate postoperative telehealth visit with you.